Appendix F—Expanded Space and Safety Recommendations

This section of the report contains the Panel's detailed recommendations concerning the physical context of CDCR programming.

Program Space Concerns

The largest barrier that the Panel identified to delivering effective programming in CDCR prison facilities is its current state of overcrowding. CDCR facilities were built to hold 100,000 offenders; however, at the time of this report, the CDCR was currently housing 172,385 offenders in its prisons. Because of this overcrowding situation, there is simply not enough space to conduct effective programming—this applies to both the male and female offender populations. Due to time and budget constraints, we were unable to obtain data concerning specific details as to how the CDCR is utilizing its designated program spaces, although we suspect that some of them are being used to house offenders.

Physical Safety Concerns

The CDCR tracks the number of prisoner population lockdowns and controlled movement events by each institution. The degree to which the CDCR quickly re-opens the affected facility within an institution to allow prisoner access to programming or allows the non-involved prisoners to attend programs, will impact its ability to support effective program delivery.

Table E-1: CDCR Adult Institution Lockdown Summary, 2006

Mission-Based, Facility Type*	Number of Lockdowns-Controlled Movements	Average Days in Lockdown	Events over 60 Days
Calendar Year 2006			
General Population Levels II & III	169	12	6
General Population Levels III & IV	114	18	5
High Security & Transition Housing	134	7	17
Female Institutions	32	3	0
Source: CDCR *Does not include Reception Centers			

Table E-1 provides data concerning the number of lockdown days during 2006, among the 33 adult prison institutions (except Reception Centers).

The frequency and duration of lockdowns and controlled movement at any given time, among the 33 institutions, is a daily challenge to the CDCR, and one which most California citizens are unaware. Institution or facility lockdowns (or controlled movements of prisoners) occur when serious incidents happen that require additional levels of control. The employees who deliver programming to the prisoners are present five days a week, eight hours each day, with some down time for program audits, training, and program adjustments. The security protocols that the CDCR applies immediately after a serious incident within an institution, in an attempt to ensure safety to prisoners, staff, and the public, causes the prisoners to be absent from their assigned program areas, and away from the program staff. The overcrowding conditions also contribute to the challenge handled by those employees who are ready and able to deliver programming to the prisoners, that is, not enough program space and not enough employees to deliver essential programs to meet

the needs of the prisoners.

The CDCR should continue its progress in reviewing its lockdown and lockdown lifting protocols, and its controlled movement protocols, at each institution to determine the extent to which prisoner programming can be safely and quickly resumed following a serious incident. This periodic review is a good security practice and supports the ever-changing types of prisoners being housed in a facility within an institution. Where lockdowns are prolonged, CDCR should expect staff to develop alternate delivery methods of programming to housing areas, without serious detriment to program fidelity and without serious interference with security needs.

Recommendations

In addition to what we have already stated, we offer these recommendations, which are based primarily on the fact the CDCR is overcrowded and violence and safety issues are related to overcrowding in any system. These recommendations are also based on comments from CDCR staff members whom we interviewed who shared with us their perspectives about the negative effect that lockdowns were having on programming in their facilities. ***For staff to be able to appropriately deliver programs and for offenders to be able to fully benefit from them, adequate and safe spaces for programming must be created.*** The CDCR must take steps to reduce the overcrowding in its facilities. If this does not occur, the positive impact of increased and/or more focused programming will be adversely affected.

While it is reducing its overcrowding, there are additional steps the CDCR can and should take to improve staff and offender safety.

First, the CDCR should review assaults, disturbances, and lockdowns by facility to determine which facilities offer a safe environment and which are problematic. Those facilities that the CDCR deems to be safe should be the first facilities where it implements new or improved programs. Those facilities that the CDCR deems to be problematic should be reviewed to determine what steps need to be taken to improve safety in those locations. As those facilities improve their safety levels, the CDCR should implement programming in those facilities that enhances those safety improvements.

Second, experience shows that drugs are often the source of disorder within facilities. Experience at the Pennsylvania Department of Corrections demonstrates that it is possible with the implementation of a comprehensive drug interdiction program to reduce the random positive rate to less than 1%. Such a program would include interdiction (dogs, drug detection devices, and searches of vehicles and everyone who enters the facility); facility searches (cells and common areas); regular random and target drug tests; penalties (loss of contact visiting, loss of visits, and banning from facilities); treatment for those with drug problems; and tracking of various outcome measures. In this regard it must be remembered that visits are the most frequent sources of contraband entering facilities. Most states search visitors and use cameras in visiting areas to attempt to stem the flow of drugs and other contraband into their prisons. Additionally, while it is unfortunate that a few staff get involved in bringing contraband into facilities, it is critical for the safety of all concerned that the CDCR implement measures to limit this potential additional avenue for drugs to enter its system. Regular use of metal detectors on everyone (including staff), random staff pat searches, and use of electronic drug detection devices must be a part of any overall safety program.

Third, the CDCR should begin to use walk-through and hand-held metal detectors throughout its facilities. These tools can aid significantly in reducing the amount of weapons used by offenders. The CDCR can set up stations for these valuable tools at entrances to yards, cell blocks, and work areas.

Fourth, the CDCR should develop a vulnerability analysis (VA) program similar to what is used by the Pennsylvania Department of Corrections. The VA program involves training staff members to routinely assess institutions on a variety of security measures. Trained staff members from *other* institutions conduct the assessment, which differs from a normal review of policy compliance, in that they actually performance test various security systems. This activity, coupled with a policy that requires ongoing complacency drills that test such things as escapes, contraband introduction, prisoner accountability, tool control, etc., can significantly improve staff and offender safety, as well as increase the public safety of surrounding communities.

Finally, if facility reviews reveal that one or more facilities have significant issues, the CDCR should consider the possibility that the issue may be systemic rather than local. In these cases, the CDCR should develop a comprehensive approach to addressing these issues. Other states with similar issues have used staff from other facilities to conduct unannounced lockdowns and searches of problematic facilities. Another best practices approach is to permanently or temporarily transfer and re-assign staff and offenders to different facilities. Both of these approaches have proven to be effective in turning around problematic facilities.